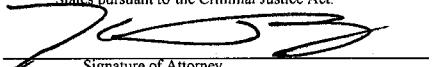
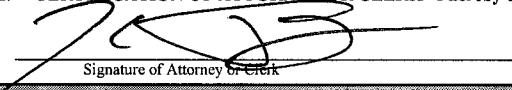
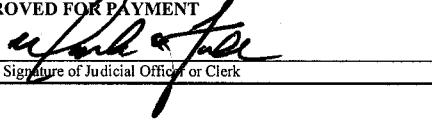


1. CIR./DIST./DIV. CODE ALM	2. PERSON REPRESENTED Black, Hugh Edward		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:06-000171-001	5. APPEALS DKT./DEF. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Black		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 42 408. F -- MISUSE OF SOCIAL SECURITY NUMBER			
REQUEST AND AUTHORIZATION FOR TRANSCRIPT			
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) APPEAL			
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). 04/03/08 sentencing held before Judge Mark E. Fuller, Patricia Starkie, CR			
14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary)			Judge's Initials
A. Apportioned Cost % of transcript with (Give case name and defendant)			
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Real Time Unedited			
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions			
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.			
15. ATTORNEY'S STATEMENT  Signature of Attorney J. CARLTON TAYLOR Printed Name Telephone Number: 334-244-0447		16. COURT ORDER  Signature of Presiding Judicial Officer or By Order of the Court 30 May 2008 Date of Order 30 May 2008 Nunc Pro Tunc Date	
CLAIM FOR SERVICES			
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other		18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix,) AND MAILING ADDRESS Patricia Starkie 125 LAMAR Rd Hope Hull Al Telephone Number: 36043-262-1221	
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE			
20. TRANSCRIPT	Include Page Numbers	No. of Pages	Rate Per Page
Original	1-25	25	3.65
Copy			
Expenses (itemize):			
			TOTAL AMOUNT CLAIMED: \$91.25
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: Patricia Starkie Date: 5-22-08			
ATTORNEY CERTIFICATION			
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  Signature of Attorney or Clerk			
APPROVED FOR PAYMENT - COURT USE ONLY			
23. APPROVED FOR PAYMENT  Signature of Judicial Officer or Clerk		24. AMOUNT APPROVED \$91.25	